

COMMUNICATION BUBBLE WORKSHEET


NAME _____
 Address: _____
 Phone: _____
 Parents: _____

DATE: _____ DOB _____
 Evaluation Team: (name – role) _____

 Diagnosis: _____

Evaluation settings

VISION

Light perception **Y** ☐ **N** ☐ Degenerative **Y** ☐ **N** ☐
 Glasses **Y** ☐ **N** ☐ **CVI** **Y** ☐ **N** ☐
 Contacts **Y** ☐ **N** ☐ Color contrast
 black on white _____
 Acuity _____ red on yellow _____
 Field loss _____ black on yellow _____
 Figure-ground difficulties **Y** ☐ **N** ☐ white on black _____
 Favored field  other _____
 Lighting _____
 Response time latency **Y** ☐ **N** ☐ _____ seconds
Distance vision: **Near vision:**
 Lg. objects _____ Sm. objects _____ size _____
 Sign lang. _____ Symbols _____ size _____
 Lip reading _____ Photos _____ size _____
 Line drawing _____ size _____
 Print _____ font _____

TACTILE PREFERENCES

Shows defensiveness **Y** ☐ **N** ☐ _____
 Seeks pressure input **Y** ☐ **N** ☐ _____
 Displays vestibular dysfunction **Y** ☐ **N** ☐ _____
Prefers
 firm touch ☐ smooth surface ☐ light touch ☐
 other _____ rough surface ☐ vibration ☐

CONCEPT DEVELOPMENT

ID object characteristics ☐ Imitation ☐
 Objects have names ☐ Categorizes ☐
 Approp. use of obj. ☐ Reading level _____

HEARING

Amplification **Y** ☐ **N** ☐ **Responsiveness**
 Bilateral ☐ ... to environment
 Left ☐ in front _____
 Right ☐ across rm. _____
 Bone ☐ beyond _____ ft
 Cochlear Implant ☐ to noise levels
 FM system ☐ classroom good _____ poor
Sensitivity 1:1 good _____ poor
 High frequencies ☐ sm. group good _____ poor
 Low frequencies ☐ Response time latency _____ seconds
CAPD **Y** ☐ **N** ☐

MOTOR CAPABILITIES

Fine
 Sign **Y** ☐ **N** ☐
 Keyboard **Y** ☐ **N** ☐
 Switch **Y** ☐ **N** ☐
 placement _____
 Paper/pencil **Y** ☐ **N** ☐
 Head/trunk support minimum requirements _____

COMMUNICATION

Modes	E	R	Function	Functions
Vocalizations	_____	_____		
Eye gaze	_____	_____		1. gain attention
Facial expressions	_____	_____		2. refusals
Gestures	_____	_____		3. yes/no
Body language	_____	_____		4. make choices
Take hands	_____	_____		5. ask for help
Home signs	_____	_____		6. ask for more
Objects	_____	_____		7. social
Picture board/book	_____	_____		8. follow simple directions
Tactile sign	_____	_____		
ASL	_____	_____		Effective
SEE	_____	_____		Communication
Fingerspelling	_____	_____		Partners
Print	_____	_____		
Braille	_____	_____		
Assistive device	_____	_____		Least effective
Speech	_____	_____		time to attempt
Other	_____	_____		communication

Optimal conversational position _____

Mobility

roll ☐
 crawl ☐
 walks ☐
 with assist ☐
 uses cane ☐
 wheelchair:
 motorized ☐
 manual ☐

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